**ANNEXURE A**

**Response on Question (1):**

|  |  |  |
| --- | --- | --- |
| **Province** |  **(a). What is the nature of the electricity feed in each hospital in the country** | **(b). Is the electricity supplied by:** |
| **(i). the relevant municipality** | **(ii). Eskom directly** |
| Eastern Cape | Requirements availability with some hospitals being supplied with single phase, dual phase and three phases. Electricity supply in rural areas are supplied by single and dual phases | Facilities in the urban areas/cities use municipality supply | the rural facilities are supplied by Eskom |
| Free State | Three phase | Electricity is supplied by municipality in all 31 Hospitals | no |
| Gauteng | Three phase | All hospital supplied by local authorithy except three. | The three are supplied by Eskom. That is Jubilee, Odi and Dr George mukhari Hospital. |
| KwaZulu Natal | Three phase supply via overhead power lines in rural areas and underground cables in Metro/urban areas | In urban/municipal areas the electricity is supplies by the local authority | In rural areas the electricity is supplied by Eskom |
| Limpopo | Three phase | 15 hospitals | 27 hospitals |
| Mpumalanga |  | The majority of the hospitals receive power from the local council. In addition to the standby generators at the hospitals each region has mobile standby generators that can be moved to problem areas.  | Only some of the rural Hospitals receive power directly from ESKOM with the exception of Elsie Ballot hospital, that is situated in a local council area but receive power directly from ESKOM. |
| Northern Cape | 3phase, ring feed | 80% of facilities are supplied by municipalities, which include all hospitals | 20% of facilities supplied by Eskom, of which most are rural and in John Taolo Gaetsewe District |
| North West | Electricity feed at hospitals is either dual phase or three phase | Some facilities are supplied through local municipalities | Some facilities are supplied directly by Eskom |
| Western Cape | The electricity to all hospitals in the Western Cape is supplied via a medium tension (11kV) cable to a substation or multiple substations at the facility | The service provider at all facilities is the relevant local municipality | However, Khayelitsha hospital and Eerste River Hospital, where the service is provided directly by Eskom |

**Response on Question (2):**

|  |  |
| --- | --- |
| **Province** | **2. Does each specific hospital have a generator to supply power during an electricity blackout; if not, what is the backup power supply plan for each hospital; if so** |
| **(a) how many generators are there at each hospital** | **(b) are each of the generators currently in working order** | **(c) for how long can each hospital run on generator power at current fuel levels** | **(d) What is the minimum amount of fuel kept at each hospital to power the generators?** |
| Eastern Cape | All hospitals have at least one back-up generator. The big hospitals such as Livingstone in Port Elizabeth, Frere in East London, Butterworth, and Frontier etc, have more than one generator due to necessary power requirements. Community Health Centres generally have smaller electrical components and thus one generator is sufficient | All generators in the Eastern Cape hospitals are in working order. There are however 9 generators which have not yet connected at some hospitals in the Sarah Baartman district. These are Midlands hospital laundry, GraafReinett day hospital, GraafReinett ambulance station, Temba TB hospital in Grahamstown, PZ Meyer TB hospital in Humansdorp, Joubertina CHC, Orsmond TB hospital in Uitenhage and Elizabeth Donkin hospital. The project for the installation of these generators was controlled and monitored by the DRPW and the appointed contractor was subsequently liquidated. Given the delays experienced in the project with the previous service provider, the department of Health is in the process of procuring a qualified contractor to finalize these connections before year end. | The average fuel consumption per generator ranges between 65liters/hour and 75liters/hour depending on the demand load and the minimum back-up is between two to four hours for day tank which is 300liters per DRPW standard specifications. The minimum run time for a generator at full tank is two hours. The department has provided farm tanks available for extended hours in remote hospitals and these supply generators fuel for up to 25 hours | Fuel kept in hospitals depends on the size of the generator and hospital power requirements. The 300 litres is the minimum level of fuel to be kept which should be able to give a minimum back up power of 2 hours. |
| Free State | Manopo (5), Dihlabeng(3), Boitumelo (3), Pelonomi(3), Universitus (4), Bongani(1), Parys(1), Dr JS Moroka (2), National (4), Botshabelo (2), Elizabeth Ross (3), Katleho (1), Metsimaholo(4), Nala (2), Nketoane (1), Phekolong (3), Thebe(1), Winburg (2) | The maintenance teams are on site to maintain those generators that are not operating to ensure that there is a supply in facilities. | Eight Hours | Full tank |
| Gauteng | Sebokeng (2), Heidenlberg (1), Kopanong (1), Natalspruit (2), Pholosong (1), Tambo Memorial (4), Bertha Gwoxa(4), Tembisa (4), Far East Rand (1), Tara H Moros(3), Sizwe Tropical(1), Edenvale(1), Chris Hani (12), Rahima Moosa(1), Helen Joseph(4), South Rand (3), Cartonville(1), Sterfontien (4), Dr Y Dadoo(3), Leratong (4), Tswane district(4), Tswane Rehab(1), Jubilee(2), Odi (1), Dr G mukhari(10) Steve biko(12), Pretoria West (1), Kalafong (5), Weskoppies (5), Cullinan care(1), Mamelodi(4), Germiston (1) Charlotte Maxeke (8) | n/a | 8 hours | Full tank |
| KwaZulu Natal | Of the seventy one (71) hospitals in KwaZulu-Natal forty nine (49) have one generator each, the balance of twenty two (22) which have more than one generator are listed Addington (3), Benedictine (2), Church of Scotland (2), Christ the King (2), Dundee (2), Edendale (3), Lower Umfolozi Memorial (2), Estcourt (2), GJ Crookes (2), Greys (9), Greytown (2), King Edward VIII (8), King Dinuzulu (6), Ladysmith (3), Madadeni (2), Ngwelezane (2) Northdale (3), Port Shepstone (2) Prince Mshiyeni Memorial (7), RK Khan (4), Stanger (2), Wentworth (5) | Yes, each institution is required to test run the generators on a weekly basis and submit the weekly test sheets to the office of the General Manager – Infrastructure Development for verification and record keeping | Each Hospital / Community Health Centre has a total diesel fuel storage capacity for each generator that allows the generator to operate for a minimum of 72 hours | Each Hospital / Community Health Centre is required to maintain fuel stock levels above 50% of total storage capacity for each generator at any given period of time. These minimum levels form part of the Strategic Disaster Plan at each Hospital / Community Health Centre |
| Limpopo |  One (1) per District and Regional hospitals and Three (3) at Mankweng hospital and Five (5) at Polokwane hospital | Yes | from 12 hours to 3 days | ¾ to full capacity |
| Mpumalanga | In clinics and CHC’s one generator is used per facility, and in the hospitals at least one standby generator. Bigger hospitals have more than one generator. Newer hospitals were designed with dedicated reticulation while the older hospitals were only designed with a single system, i.e. in the case of a power failure all systems will be powered and not only the essential services. | No, a very minimal percentage is not in working order. However the department has through Public Works Roads and Transport sourced services of maintenance service providers for the servicing, repairs and where necessary replacement of standby/backup generators for all health facilities in the province. | A back-up generator is used for emergency situations and may last for the duration of the emergency provided the diesel is loaded. | Fuel is kept as per the tank capacity needed and generators always target them to be on full capacity which ranges from 100l to 9000l of diesel tank capacity depending on the institution size which will dictate the size of generator. |
| Northern Cape | Kimberley hospital has 4 in a ring feed; Dr Harry Surtie Hospital (Upington) has 3 in a ring feed; the rest of the hospitals in Northern Cape have one each which can carry the whole facility | 80% are new and all are in working order  | Each generator has a 500 litter tank which allows 24 hours of operation at full load, the bigger facilities have 10 000liter backup tanks | 500 liters |
| North West | Hospitals have at least one generator, and some as many as four. At certain hospitals like JST(Rustenburg), the additional mobile generator is deployed to support the existing standby generator.The quantity and size of standby generators depend on the amount of electrical energy needed to supply the hospital during power outages. | Standby generators are in working order.Ad hoc and/or planned maintenance is continuously done to ensure good working order. | Operation time of standby generators range from 8 hours to more than 24 hours, depending on the generator size and available diesel. | Some facilities keep 2200 litres while others keep as much as 1000 litres, depending on the generator size. |
| Western Cape | The number of generators at each facility varies. At all regional hospital, as well as Khayelitsha and Mitchells Plain Hospitals, the provision is of two stand-by generators | All stand-by generators are in working order and are inspected fortnightly | The capacity of the diesel storage is not the same at hospitals. The calculated average run-time at current tank capacities is 37 hours | End users were instructed to inspect and test generators fortnightly, as well as, during and after power outages should the fuel levels drop to below 50% they must replenish the tank |

END.